

FOLLOW-UP REVIEW
OF
THE RHODE ISLAND DEPARTMENT OF HEALTH
OFFICE OF STATE MEDICAL EXAMINERS
AUTOPSY REPORT REVIEW

JANUARY 2007



PREPARED BY
BUREAU OF AUDITS
DEPARTMENT OF ADMINISTRATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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January 25, 2007

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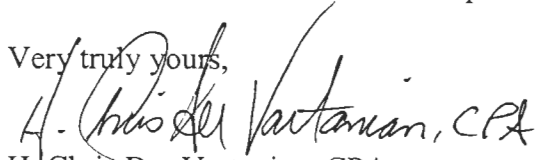
Dear Dr. Gifford:

Pursuant to R.I. General Law (RIGL) § 35-7-4 entitled, "*Periodic audits by department of administration*," we have followed-up on the actions taken by the officials of the R.I. Department of Health, Office of State Medical Examiners (OSME) to implement the recommendations contained in our report, *Autopsy Report Review*, dated August 31, 2005. The results of the follow-up review are contained in this document.

In our original report the Bureau cited five recommendations for improvement over the autopsy reporting process. During our follow-up review we noted that two of the recommendations were fully implemented. The remaining three recommendations related to the implementation of a computerized autopsy tracking system that was in the process of being installed at the time of our follow-up review. Due to the fact that the Bureau was unable to determine the effectiveness of this system and its compliance with the recommendation in our original report, our follow-up status indicates partial compliance pending implementation of the system. As a result, the Bureau will schedule a follow-up review approximately one year from the date of this report to assess the results of the system implementation.

We thank the management and staff of the R.I. Department of Health, Office of State Medical Examiners for the courtesies and cooperation extended to our auditors during this process.

Very truly yours,


H. Chris Der Vartanian, CPA
Chief, Bureau of Audits

HCD:nc

BACKGROUND

The OSME investigates causes of death through the study of medical and police records, body inspection or autopsy, scene investigation, bodily fluid analysis; all known or suspected homicides, suicides, accidents, sudden infant death, and drug related deaths; sudden, unexpected or medically unattended deaths; and deaths which may constitute the threat of epidemic or endanger the public health. The OSME also screens deaths for adverse reactions to medication, infant mortality, and infectious disease, chemical and biological agents, and for medical errors. The OSME plays a key role in the donation of organs and tissue. Other functions of the office include research in forensic pathology; educational training for resident and fellow physicians; training law enforcement personnel in techniques of homicide investigations; and disseminating public information regarding causes of death in the State. The OSME works in conjunction with HEALTH's Office of Health Statistics to participate in the National Violent Death Reporting System (NVDRS) program. The NVDRS gathers data on various forms of violent death to effect change through an injury prevention program and the evaluation of potential interventions. The OSME keeps records on all cases and provides expert testimony in criminal cases for state law enforcement and state courts.

The OSME determines the cause and manner of death through approximately 1,000 investigations per year, with approximately two-thirds requiring a postmortem examination (i.e. an autopsy or an inspection) and the remainder being certified "In Absentia" (e.g. not requiring a postmortem examination, but rather a review of information contained in the medical records, law enforcement records, and/or obtained by investigation of the death scene and witness interviews). A small fraction of all investigations ("after fact") occur after a physician other than the medical examiner has filed the death certificate. RIGL § 23-4-4 gives the OSME the authority to make postmortem examinations, to undertake inquests, or perform autopsies in any case where there is a reasonable belief that the manner of death could be pronounced as: death by a homicide, suicide, or casualty; death due to a criminal abortion; death due to an accident involving lack of due care on the part of a person other than the deceased; death related to a physical or toxic injury incurred while the deceased person was employed; deaths due to the use of addictive or unidentifiable chemical agents; or death related to an infectious agent capable of spreading an epidemic. Postmortem examinations can occur through an autopsy or through an inspection. An autopsy may entail a thorough examination of the body and internal organs, microscopic examination of tissue, toxicology studies to test for drugs and alcohol, and other ancillary studies as required. An inspection consists of the external examination of the body, toxicology studies and other ancillary studies that may be appropriate.

The Bureau of Audits (Bureau) issued the *Autopsy Report Review* on August 31, 2005. The objective of our review was to examine the autopsy reporting process utilized by the OSME and quantify autopsy reports that were incomplete for the period from January 1, 2000 to June 30, 2005. The Bureau was not engaged to review the processes surrounding the performance of autopsies.

The report identified 1,512 autopsy reports that were incomplete as of June 30, 2005. Of these incomplete reports, approximately twenty-five percent of the case files indicated an autopsy had been performed; however, there was no evidence of the report having been prepared. The remaining seventy-five percent of the reports were in various phases of completion. The Bureau recommended that the OSME implement standards, policies, practices, and procedures to assure the timely completion of autopsy reports and that they consult with the National Association of Medical Examiners (NAME), the national accrediting agency, to develop and implement policies to specifically address the existing backlog of cases in a manner acceptable to the accrediting body. Our report also found that the system for tracking cases and preparing reports is manually intensive and redundant. These processes result in an inefficient utilization of pathologists and general staff resources, coding errors in the log and report files, and misfiling. At the time of our review, the OSME was assessing the report preparation process as part of developing a computerized system to streamline this activity.

Since the date of our report, the management of the OSME has changed significantly. In March 2006, Thomas P. Gilson, M.D., was appointed Chief Medical Examiner (CME) and replaced the Interim Chief Medical Examiner, Dorata Latuszynski, M.D. Dr. Gilson began his employment in May 2006. Deputy Chief Medical Examiner, Jennifer L Swartz, M.D., resigned in the latter part of calendar year 2005 and this position remains vacant as of the date of this follow-up report. The OSME hired a Medicolegal Administrator in October 2005. This position is responsible for 24/7 operation of the office, daily management and supervision of investigative, mortuary, case management and office support staff; as well as responsibilities related to budget, contracts, office accreditation, standard operating procedures, grant activities, training, compliance with health and safety standards, quality customer service, mass fatality response coordination, and service as a liaison with other agencies.

OBJECTIVES, SCOPE, AND METHODOLOGY

The objective of our follow-up, conducted in accordance with *Standards for the Professional Practice of Internal Auditing* issued by the Institute of Internal Auditors, is to assess the extent of implementation as of September 30, 2006, of the five recommendations included in our initial report. In conducting the follow-up review, the Bureau interviewed officials of the Office of State Medical Examiners, including the Chief Medical Examiner. In addition, it reviewed records as necessary to determine the status of compliance to the aforementioned recommendations.

After completing the on-site field work, the Bureau classified the progress of the Office of State Medical Examiners in implementing each recommendation into the following four categories:

- **Fully implemented:** The recommendation has been implemented and no further corrective action is necessary.

- **Substantially implemented:** More than half of the corrective actions necessary to fulfill the recommendation has been implemented.
- **Partially implemented:** Half or fewer than half of the corrective actions necessary to fulfill the recommendation have been implemented.
- **Not implemented:** The recommendation has not been implemented.

SUMMARY, CONCLUSIONS, AND STATUS OF RECOMMENDATIONS

The new CME and the new Medicolegal Administrator have made significant efforts to resolve recommendations made by the Bureau. In response to the Bureau's recommendation that OSME implement a system to minimize or eliminate the manual process surrounding the documentation of cases received, the OSME secured a grant to purchase a software package for management of cases, decedent's records, and associated reports. The new computer-based tracking system is intended to be a fully integrated computerized case management system that will allow for improved protocols, forms, and documentation for the effective tracking and reporting of cases. The OSME, through a competitive bidding process, awarded the contract for this computerized autopsy tracking system. Preliminary implementation began during October 2006 and full integration of the system is scheduled for March 2007.

In addition to the above, the OSME is committed to obtaining accreditation from the National Association of Medical Examiners and, accordingly, has begun to evaluate current staffing, equipment, documentation, and physical conditions at the OSME to determine preliminary compliance with NAME guidelines. The OSME has begun to develop a Standard Operating Procedures (SOP) manual that includes sections on Autopsy Services, Investigative Guidelines for Scene Investigators, and Office Safety Manual. OSME staff has requested to participate in professional development opportunities such as the national certification program for scene investigators, and the URI BCI School

The follow-up observations below provide the status of the Bureau's recommendations as of the date of this report. The Bureau recognizes that the OSME has undergone significant personnel changes since the completion of our audit in 2005 and that the new management team has made a concerted effort to remedy the findings and recommendations made in our audit report. Due to the fact that the implementation of the new computerized autopsy tracking system, if successfully implemented, will resolve the majority of those findings, we believe that it is fair to allow the OSME reasonable time to implement the system. As a result, the Bureau will perform an additional follow-up within the next calendar year to determine the efficiency and effectiveness of the system.

FOLLOW UP OBSERVATIONS

Recommendation 1

The Bureau recommends that the OSME implement standards, policies, practices, and procedures to assure the timely completion of autopsy reports. The Bureau further recommends that the OSME develop these standards in consultation with the National Association of Medical Examiners (NAME), the national accrediting agency. Additionally, the Bureau recommends that the OSME consult with NAME to develop and implement policies to specifically address the existing backlog of cases in a manner acceptable to the accrediting body.

Management Response – The Department of Health (HEALTH) accepts this recommendation and will develop standards for the timely completion of autopsy reports in consultation with NAME, as well as policies to address the documented backlog of cases. In anticipation of this input, we have conducted NAME regarding these issues. NAME has indicated that they will provide guidance on standards for report completion going forward. As for the backlog of cases, based upon their experience with similar issues in other jurisdictions, NAME has advised us to develop policies and procedures for prioritizing and completing aging cases as they are requested.

Status – Implemented.

Agency action – The Bureau noted that the OSME has addressed this finding in an acceptable manner and is working toward resolving all outstanding cases in accordance with NAME guidelines. The OSME contacted NAME and was advised to close all cases and finalize all autopsy reports subsequent to January 1, 2005. With regard to autopsies performed prior to January 1, 2005, NAME indicated that the OSME prioritize and complete those cases as they are requested, and provisionally close all other files by ensuring that all testing is complete, a death certificate is issued, and a draft of an autopsy report is in the file. This is consistent with NAME's advice to other jurisdictions with similar issues.

For calendar year 2005, our original report indicated that there were 320 autopsy reports that were incomplete as of August 31, 2005. As of the date of this follow-up, all 2005 cases have been closed.

For all years prior to 2005, our original report indicated that there were 281 cases where a draft report did not exist to provisionally close a case as required by NAME. As of the date of this follow-up, all cases have been provisionally closed and contain a draft report. As for requested cases prior to 2005, all have been closed.

In addition to implementing NAME'S policies regarding the issuance of reports, HEALTH has revised and streamlined the process by which autopsy reports are reviewed and finalized. Pathologists have been given the ability to close most of their cases without

the approval of the CME. Certain specific types of cases, such as child deaths and homicides, are still required to be reviewed by the CME. Streamlining the final approval process has improved the OSME's ability to meet the needs of decedents families to receive a final autopsy report as quickly as possible. HEALTH is also working in cooperation with the State Division of Information Technology (DOIT) to improve efficiency and implement internal systems and controls. This has resulted in securing a grant to purchase a software package for management of cases, decedent's records, and associated reports. The new computer-based tracking system is intended to be a fully integrated computerized case management system that will allow for improved protocols, forms, and documentation for the effective tracking and reporting of cases.

Finally, the OSME is committed to and has taken the initial steps of working toward accreditation from NAME. Accordingly, the OSME is evaluating staffing, equipment, documentation, quality assurance and physical conditions in the office.

Recommendation 2

The Bureau recommends that the OSME implement a system to minimize or eliminate the manual process surrounding the documentation of cases received by the OSME and in the preparation of all necessary reports, including autopsy reports.

Management Response - Recommendations 2, 3 and 4 call upon the OSME to implement systems and internal controls to minimize manual processes surrounding the documentation and tracking of cases received by the OSME and the preparation of reports. HEALTH accepts this recommendation. Currently, staff from our own Human Resources Office and the state's IT office (DOIT) are conducting a workflow study to improve the overall efficiency of the office. This includes redesigned procedures, protocols, forms and documenting needs for automated tracking and reporting.

Status - Partial compliance; pending implementation of tracking system January 2007.

Agency action - The OSME secured a grant to purchase a software package for management of cases, decedent's records, and associated reports. The new computer-based tracking system is intended to be a fully integrated computerized case management system that will allow for improved protocols, forms, and documentation for the effective tracking and reporting of cases. The OSME, through a competitive bidding process, awarded the contract for this computerized autopsy tracking system. Preliminary implementation began during October 2006 and full integration of the system is scheduled for March 2007.

Recommendation 3

The Bureau recommends that the OSME design and implement a system of internal controls so that the process of preparing autopsy reports is efficient, can be monitored on a real time basis, and provides accountability at all times to both the Department of Health and all users relying on the accurate and timely preparation of such reports.

Management Response - please see recommendation (2).

Status - Partial compliance; pending implementation of tracking system January 2007.

Agency action - Full compliance with this recommendation is contingent upon implementation of the new system. The OSME, through a competitive bidding process, awarded the contract for this computerized autopsy tracking system. Preliminary implementation began during October 2006 and full integration of the system is scheduled for March 2007. In the interim, management has implemented policies and procedures for dating dictation and transcription; now requiring dictation within two days. Management is also in the process of updating and creating policy and procedure manuals, eliminating data entry of lab results, reducing handling of autopsy reports by prioritizing CME involvement in special cases or circumstances. Pathologists now sign death certificates and autopsy reports unless special circumstances require CME review. The OSME has implemented a formal Quality Assurance program for monitoring autopsy reporting.

Recommendation 4

The Bureau recommends that the OSME expedite the development and implementation of this computerized system to eliminate the redundancy and to ensure that incomplete autopsy reports are completed in a timely manner.

Management Response - please see recommendation (2).

Status - Partial compliance; pending implementation of tracking system January 2007.

Agency action - The OSME secured a grant to purchase a software package for management of cases, decedent's records, and associated reports. The new computer-based tracking system is intended to be a fully integrated computerized case management system that will allow for improved protocols, forms, and documentation for the effective tracking and reporting of cases. The OSME, through a competitive bidding process, awarded the contract for this computerized autopsy tracking system. Preliminary implementation began during October 2006 and full integration of the system is scheduled for March 2007.

Recommendation 5

The Bureau recommends that OSME revise the autopsy report to include a line item for the date on which the pathologist completed the report. This will allow the OSME to determine the completion dates of autopsy reports and, more importantly, track the time necessary to complete the autopsy reporting progress.

Management Response – The Bureau’s final recommendation is for the OSME to designate areas on the report forms for completion dates and sign-off so that this information can be easily determined in future reviews. With the change in leadership in the OSME, staff has already implemented this change in order to improve accountability and quality insurance.

Status – Implemented.

Agency action - We reviewed a sample of recently issued autopsy reports and noted that they now contain a line item for the date on which the pathologist completed the report.